

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/643976
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81	101		151		
2							82	102		152		
3							83	103		153		
4							84	104		154		
5							85	105				
6							86	106				
7							87	107				
8							88	108				
9							89	109				
10							90	110				
11							91	111				
12							92	112				
13							93	113				
14							94	114				
15							95	115				
16							96	116				
17							97	117				
18							98	118				
19							99	119				
20							100	120				
21							101	121				
22							102	122				
23							103	123				
24							104	124				
25							105	125				
26							106	126				
27							107	127				
28							108	128				
29							109	129				
30							110	130				
31							81	131	1			1
32							82	132		1		1
33							83	133		1		1
34							84	134		1		1
35							85	135		1		1
36							86	136		1		2
37							87	137		2		2
38							88	138		3		2
39							89	139		3		
40							90	140		3		
41							91	141		4		
42							92	142		3		
43							93	143		3		
44							94	144		3		
45							95	145		3		
46							96	146				
47							97	147				
48							98	148				
49							99	149				
50							100	150				
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	41						TOTAL DEP.					
TOTAL CLAIMS	43						TOTAL CLAIMS					